

Chickenpox Case Report Form

Report Status

Date Reported:____/____/____ Reported by:_____ Phone Number:____-____-____
Reporting District/School/Clinic:_____ County:_____
Site Type Reporting:
"School "Daycare "Health Care Provider "Local Health Department "Other:_____

Demographic Information

Last Name:_____ First Name:_____ Date of Birth:____/____/____ Age_____
Address:_____ City:_____ Zip-code:_____ Home Phone:____-____-____
Ethnicity: "Hispanic "Non-Hispanic Sex: "Male "Female
Race: "White "Black "Asian/Pacific Islander "Native American/Alaskan "Unknown "Other_____
Parent/Guardian Name:_____ Parent/ Guardian Work Phone:____-____-____
Patient Attends: "Daycare "School "College "Work "Other_____
Name of Institution:_____ City:_____

Clinical Data

Rash Onset: ____/____/____
mm dd yy
Number of Lesions: "Less than Average (<50) "Average (50-500) "Greater than Average (>500)
Hospitalized: "Yes "No If yes, Hospital Name:_____ Days Hospitalized_____
Diagnosed by: "Parent/Guardian "Physician/Nurse "School "Self "Other_____
History:
Chicken Pox: "Yes "No "Unknown Age_____
Vaccination: "Yes "No "Unknown If yes, Date Administered: VZV:____/____/____ Location_____

Fax Report to (801) 538-9923 or Report by Telephone: 1-888-EPI-UTAH (374-8824)
Or Report to Your Local Health Department

Utah Department of Health
Office of Epidemiology
P.O. Box 142104
Salt Lake City, UT 84114-2104
Office Phone (801) 538-6191 Fax (801) 538-9923
<http://health.utah.gov/epi>